GUIDELINES FOR REFERRAL TO THE FACIAL PAIN SERVICE

Facial pain is defined as pain in the face, mouth or jaws which had been present for at least three months, does not include headaches, migraines or dental causes of pain.

Prior to referring the following criteria must be met:

- Dental causes for the pain must be excluded prior to referral to the facial pain service. If a dental cause cannot be excluded the patient should be referred to an appropriate dental specialist for assessment
- Patients with persistent closed jaw locks (trismus) / recurrent jaw dislocations / or clicking jaws without pain require to be referred to oral surgery
- Facial pain associated with cardinal nasal (blockage, discharge) and / or ear (blockage, discharge, deafness, tinnitus, vertigo) symptoms should be referred for an ENT opinion and have any such causes excluded prior to coming to the facial pain service
- Patients must be aged 18 or over (currently children are only seen in exceptional circumstances)

Referral to the facial pain service is advised if:

- Facial pain has persisted for over three months
- Patient with temporomandibular disorders (TMD) that has not responded to simple measures as outlined in the TMD leaflet – reassurance, analgesics, exercise and relaxation. Please see the leaflets in the links below:
  - TMD (Primary Care)
  - TMD (Complex)
- There is increasing disability and distress due to persistent pain
- Pain is widespread and / or part of a systemic disease
- Facial pain associated significant psychological, social and / or physical impact
- Facial pain with concurrent mental health difficulties which complicate management
- Patients with special needs e.g. disabled, unable to communicate, language problems
- Difficulties with adherence to treatment, severe side effects from medications, excessive demands for medication, wish to use complementary and alternative medicine
There is a recognized pain condition, e.g. trigeminal neuralgia, which requires multi-disciplinary care

Dentist / medical practitioner wishes to be given a diagnosis and treatment plan

Patient wishes further information on diagnosis, treatment and prognosis

Fast track:

Acute trigeminal neuralgia that is not responding to standard medication - please phone or fax through for an urgent appointment

Referrals must be legible and either use the pro forma or contain equivalent information. For those referrals accepted, waiting times are in line with national 18 weeks referral to treatment target.

Patient reported screening tools and outcome questionnaires will be sent to patients who are accepted to attend the service – these form a very important part of the diagnostic and management process hence should be completed prior to attending. It is vital that current and past treatments for the pain, including dosages and duration of use, are provided as part of the referral.

Referral Process:

Referral received and vetted by consultant (24-72 hours)

Inappropriate referral (1-2 working days)

Request to GP for medical history if missing

Letter sent to GDP/GP
May include information on management / leaflet for patient

ECRA - Eastman Central Registry for Appointments
Eastman Dental Hospital
256 Gray's Inn Road
London WC1X 8LD

Telephone: 020 3456 2300
Fax: 020 3456 2383 (this is designated a safe haven fax)
E-mail: edhappts@uclh.nhs.uk (for new patient referrals and consultation appointment queries)